# Candidate Intention Statement

Registrar of Voters Date Stamp
AUG 05 2026
Imperial County

CALIFORNIA FORM **501**
For Official Use Only

**Check One:** ☑ Initial ☐ Amendment (Explain) _____

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Karla Flores
DAYTIME TELEPHONE NUMBER: [redacted]
FAX NUMBER (optional): ( ) N/A
EMAIL (optional): [redacted]
STREET ADDRESS: [redacted]
CITY: [redacted]
STATE:
ZIP CODE: [redacted]
OFFICE SOUGHT (POSITION TITLE): Imperial Valley Healthcare District #2
AGENCY NAME:
DISTRICT NUMBER, if applicable.
☑ NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION
☐ State (Complete Part 2.)
☐ City ☑ County ☐ Multi-County: Imperial County (Name of Multi-County Jurisdiction)
2026 (Year of Election)
(Check one box, if applicable.)
☑ PRIMARY / GENERAL
☑ SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

*(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)*

(Check one box)

☑ **I accept** the voluntary expenditure ceiling for the election stated above.

☐ **I do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State [redacted] e foregoing is true and correct.

Executed on 8.5.26 (month, day, year)

Signature [redacted] (candidate)